

Exhibit 2

STATE OF NEVADA

BARBARA K. CEGAVSKE

Secretary of State



OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division

202 N. Carson Street

Carson City, NV 89701

Telephone (775) 684-5708

Fax (775) 684-7138

North Las Vegas City Hall

2250 Las Vegas Blvd North, Suite 400

North Las Vegas, NV 89030

Telephone (702) 486-2880

Fax (702) 486-2888

KIMBERLEY PERONDI

*Deputy Secretary for
Commercial Recordings*

Business Entity - Filing Acknowledgement

07/20/2020

Work Order Item Number: W2020072000179 - 707986

Filing Number: 20200794647

Filing Type: Articles of Organization

Filing Date/Time: 07/20/2020 08:38:22 AM

Filing Page(s): 2

Indexed Entity Information:

Entity ID: E7946482020-7

Entity Name: BLOX Lending LLC

Entity Status: Active

Expiration Date: None

Commercial Registered Agent

REGISTERED AGENTS INC.

401 RYLAND ST STE 200-A, RENO, NV 89502, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE

Secretary of State

STATE OF NEVADA

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Deputy Secretary for

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Business Entity - Filing Acknowledgement

07/20/2020

Work Order Item Number: W2020072000179 - 707987

Filing Number: 20200794649

Filing Type: Initial List

Filing Date/Time: 07/20/2020 08:38:22 AM

Filing Page(s): 2

Indexed Entity Information:

Entity ID: E7946482020-7

Entity Name: BLOX Lending LLC

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Commercial Registered Agent

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Respectfully,

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BARBARA K. CEGAVSKE

Secretary of State



BARBARA K. CEGAUSKE
Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

www.nvsilverflume.gov

Filed in the Office of Barbara K. Cegauske Secretary of State State Of Nevada	Filing Number 20200794647 Filed On 07/20/2020 08:38:22 AM Number of Pages 2
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Formation - Limited-Liability Company

- | | |
|---|--|
| <input checked="" type="checkbox"/> NRS 86 - Articles of Organization Limited-Liability Company | <input type="checkbox"/> NRS 86.544 - Registration of Foreign Limited-Liability Company |
| <input type="checkbox"/> NRS 89 - Articles of Organization Professional Limited-Liability Company | <input type="checkbox"/> NRS 86.555 - Registration of Professional Foreign Limited-Liability Company |

1. Name Being Registered in Nevada: (See instructions)	BLOX Lending LLC		
2. Foreign Entity Name: (Name in home jurisdiction)			
3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)	3a) Jurisdiction of formation: <input type="text"/> 3b) Date formed: <input type="text"/> 3c) I declare this entity is in good standing in the jurisdiction of its formation. <input type="checkbox"/>		
4. Registered Agent for Service of Process*: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent (name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or position with Entity (title and address below) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> REGISTERED AGENTS INC. Name of Registered Agent OR Title of Office or Position with Entity <div style="display: flex; justify-content: space-between;"> <div>401 RYLAND ST STE 200-A Street Address</div> <div>RENO City</div> <div>Nevada 89502 Zip Code</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="text"/> Mailing Address (If different from street address)</div> <div><input type="text"/> City</div> <div>Nevada <input type="text"/> Zip Code</div> </div> </div>		
4a. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form. X Bill Havre, President of Registered Agents Inc. 07/20/2020 _____ Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date		
5. Management: (Domestic Limited-Liability Companies only)	Company shall be managed by: (check one box) <input type="checkbox"/> Manager(s) OR <input checked="" type="checkbox"/> Member(s)		
6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions) Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions) IMPORTANT: A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.	1) Jason Anderson Name <div style="display: flex; justify-content: space-between;"> <div>401 Ryland St. STE 200-A Address</div> <div>Reno City</div> <div>NV 89502 State Zip Code</div> </div>		
7. Dissolution Date: (Domestic only)	Latest date upon which the company is to dissolve (if existence is not perpetual): <input type="text"/>		



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Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)				
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company <input type="checkbox"/> Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company <input type="checkbox"/>			
10. Records Office: (Foreign Limited-Liability Companies)	<div style="display: flex; justify-content: space-between;"> <div>Address <input style="width: 40%;" type="text"/></div> <div>City <input style="width: 15%;" type="text"/></div> <div>State <input style="width: 15%;" type="text"/></div> <div>Zip code <input style="width: 15%;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Country <input style="width: 30%;" type="text"/></div> <div></div> <div></div> <div></div> </div>			
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	<div style="display: flex; justify-content: space-between;"> <div>Address <input style="width: 40%;" type="text"/></div> <div>City <input style="width: 15%;" type="text"/></div> <div>State <input style="width: 15%;" type="text"/></div> <div>Zip code <input style="width: 15%;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Country <input style="width: 30%;" type="text"/></div> <div></div> <div></div> <div></div> </div>			
12. Name, Address and Signature of the Organizer: (NRS 86, NRS 89 -Each Organizer must be a licensed professional.)	<p>*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.</p> <p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input style="width: 95%;" type="text" value="Riley Park"/> Name </div> <div style="width: 35%;"> <input style="width: 95%;" type="text"/> Country </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input style="width: 95%;" type="text"/> Address </div> <div style="width: 15%;"> <input style="width: 95%;" type="text"/> City </div> <div style="width: 10%;"> <input style="width: 95%;" type="text"/> State </div> <div style="width: 35%;"> <input style="width: 95%;" type="text"/> Zip/Postal Code </div> </div> <p>X <u>Riley Park</u> (attach additional page if necessary)</p>			
Name and Signature of Manager or Member: (NRS 86.544 only) See instructions				

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)



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Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

BLOX Lending LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of	Business Number
<i>Barbara K. Cegavske</i>	E7946482020-7
Secretary of State	Filing Number
State Of Nevada	20200794649
	Filed On
	07/20/2020 08:38:22 AM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
 Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the *Charitable Solicitation Registration Statement* is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the *Exemption From Charitable Solicitation Registration Statement* is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



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Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGING MEMBER:

Jason Anderson

Name

USA

Country

401 Ryland St. STE 200-A

Address

Reno

City

NV

State

89502

Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X Riley Park

Signature of Officer, Manager, Managing
Member, General Partner, Managing Partner,
Trustee, Member, Owner of Business,
Partner or Authorized Signer FORM WILL BE RETURNED IF

UNSIGNED

Organizer

Title

07/20/2020

Date

SECRETARY OF STATE



DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **BLOX Lending LLC** did, on 07/20/2020, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/20/2020.

Barbara K. Cegavske

Certificate Number: B20200720936576

You may verify this certificate

online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

BLOX Lending LLC

Nevada Business Identification # NV20201842821

Expiration Date: 07/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B20200720936577

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 07/20/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State